

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
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42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		2						TOTAL IND.			
TOTAL DEP.		19						TOTAL DEP.			
TOTAL CLAIMS		21						TOTAL CLAIMS			